

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dot.wa.gov

Print and scan or upgrade to

 Adobe Reader XI or above to fill it in
and save it.

Mall

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dot.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Taylor Auto Liquidators		Website —
Contact name, Primary applicant and contract manager Deb M. Collum	(Area code) Telephone number 253-691-5245	Email (required) taylorautoliquidators@gmail.com
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)

Physical address of business (number and street) 10030 Pacific Ave S.		
City Tacoma WA	State WA	ZIP code 98444

Mailing address of business (if different)		State	ZIP code
City			
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 1003-306-193

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Sell & whole vehicles . This will be used to see if there is a clear title, salvaged etc. Lienholders.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not be disclosing any information .

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@doi.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

3-3-18 Pierce

Date and place (county) signed

Deb McColum
PRINT or TYPE Name

X Deb McColum
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Department of Revenue

Washington State

(<http://dor.wa.gov/>)



[Back to search results](#)

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO.: 6023000193

ACCOUNT OPENED: 7/1/2003 12:00:00 AM

UBI:

6023000193

ACCOUNT CLOSED: OPEN

ENTITY NAME:

TAYLOR AUCTION LLC

BUSINESS NAME:

TAYLORS AUTO LIQUIDATORS

MAILING ADDRESS:

BUSINESS LOCATION:

8504 WALLER RD E
TACOMA, WA 98426-2528

10030 PACIFIC AVE
TACOMA, WA 98444-6547

ENTITY TYPE: LIMITED LIABILITY

RESELLER PERMIT NO: A09 2032 23

NAICS CODE: 425120

PERMIT EFFECTIVE: 1/1/2018

NAICS DEFINITION: WHOLESALE TRADE AGENTS
AND BROKERS

PERMIT EXPIRES: 12/31/2021

FOR NON-COMMERCIAL USE ONLY

3/3/2018 7:29 PM

Working together to fund Washington's future


[My DOR](#) [Business License Lookup](#) **TAYLOR AUCTION, L.L.C.**
[New search](#) [Previous search](#)
License Information:
Entity name: TAYLOR AUCTION, L.L.C.

Business name: TAYLOR AUCTION, L.L.C.

Entity type: Limited Liability Company

UBI: 602-300-193 **Business ID:** 001 **Location ID:** 0001

Location: Open

Status: To check the status of this company, go to the link(s) below:

[Department of Revenue](#)
[Secretary of State](#)
Location address:
 10030 PACIFIC AVE S
 TACOMA, WA, 98444
Mailing address:
 10030 PACIFIC AVE S
 TACOMA, WA, 98444

[View Additional Locations](#)
Endorsements

Endorsements held at this location	License #	Count	Details	Status	Expiration date	First issuance date
Motor Vehicle Dealer	1253	10	View Plates (#12 Active)		May-31-2018	Dec-01-2004

Governing People May include governing people not registered with SOS

Governing people	Title
TAYLOR, SAMUEL	Member

Registered Trade Names

Registered trade names	Status	First issued
AAA TAYLOR AUCTION LLC	Active	Jan-28-2005
NW INDEPENDENT CREDIT	Active	Jun-17-2008
TAYLOR'S AUTO LIQUIDATORS	Active	Jun-21-2011

3 Rows

Information current as of 3/3/2018 7:28:58 PM

Contact us
[Your Privacy](#)

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If you currently have a CPS number, enter it here

13a

Company/Agency name SKAGIT COUNTY INVESTIGATION, LLC		Website	
Contact name, Primary applicant and contract manager LANA REICHERT	(Area code) Telephone number (360) 661-4979	Email (required) sci.lanar@hotmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1004 7TH ST. #208 ANACORTES, WA. 98221			
City ANACORTES	State WA	ZIP code 98221	
Mailing address of business (if different) P. O. BOX 673			
City ANACORTES	State WA	ZIP code 98221	
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). MY PRIMARY BUSINESS ACTIVITY IS CRIMINAL DEFENSE INVESTIGATION AND A SMALL AMOUNT OF PROCESS SERVICE. INTERVIEWING WITNESSES, LOCATING WITNESSES, PREPARING REPORT AND OTHER INVESTIGATIVE TASKS.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**YES I WILL PROVIDE INFORMATION TO ATTORNEYS.
VIA EMAIL OR PHONE CORRESPONDENCE. I WILL
PROVIDE NOTICE TO THE OWNER BY LETTER WITHIN
5 BUSINESS DAYS.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

LANA REICHERT

PRINT or TYPE Name

ANACORTES, WA.
3/30/2018 SKAGIT COUNTY

X Lana Reichert

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

SKAGIT COUNTY INVESTIGATIONS LLC
1004 7TH STREET SUITE 208
ANACORTES, WA 98221-8381

PRIVATE INVESTIGATIVE AGENCY - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: LANA, REICHERT

Unified Business ID #: 603079233

Business ID #: 001

Location: 0001

Expires: Jan 31, 2019

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

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Olympia, WA 98507

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If you currently have a CPS number, enter it here _____

Company/Agency name TOYOTA OF NEWPORT		Website	
Contact name. Primary applicant and contract manager VALERIE KOHLER	(Area code) Telephone number 541-867-3885	Email (required) valeriek@newpottoyota.com	
Contact name 2 (if applicable) JODY DOLLINGER	(Area code) Telephone number 541-867-3885	Email (required) jodyf@newporttoyota.com	

Physical address of business (number and street)
3234 S COAST HWY

City NEWPORT	State OR	ZIP code 97365
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Mailing address of business (if different)
PO BOX 970

City NEWPORT	State OR	ZIP code 97365
------------------------	--------------------	--------------------------

Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
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Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are an automotive dealership and will be using this info to check who is on the registrations and if there is a lien holder on trade in units from our Washington customers

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

no

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

VALERIE KOHLER

PRINT or TYPE Name

X *Valerie Kohler*

Signature of business or organization representative

03/15/18

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

CITY OF NEWPORT
169 S.W. COAST HWY
NEWPORT, OR 97365
Telephone: (541) 574-0611
Fax: (541) 574-3355

CITY OF NEWPORT ORDINANCE NO. 1604
BUSINESS LICENSE

LOCATION OF BUSINESS:
3434 S COAST HWY

NAME AND ADDRESS OF BUSINESS:
TOYOTA of NEWPORT
PO BOX 970
NEWPORT OR 97365

LICENSE EFFECTIVE:
FROM: July 1, 2017
TO: June 30, 2018

LICENSE NO: 5636
CUSTOMER: 5636

License Fee:	95.00
Balance:	.00

CLASSIFICATION: AUTOMOBILE & OTHER MOTOR VEHICLES

THIS IS TO CERTIFY that the Licensee has paid the required License Fee and is entitle to conduct business as indicated within the City of Newport, in a lawful manner and subject to the provisions of all ordinances in effect. This License is non-transferable, except through the Finance Department as the ordinance directs.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES

NOTE: INFORMATION ON THIS FORM WILL BE RELEASED FOR LISTING ON AN INTERNET DATABASE

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If you currently have a CPS number, enter it here

13a

Company/Agency name United Services Automobile Association		Website	
Contact name, Primary applicant and contract manager Christopher Borak	(Area code) Telephone number 210-331-6323	Email (required) christopher.borak@usaa.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 9800 Fredericksburg Rd			
City San Antonio	State TX	ZIP code 78288	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Information will be used to verify vehicle ownership and lien holder information to ensure that proper total loss insurance settlements are made. The information will also be used to ensure that necessary state forms to transfer ownership from a vehicle owner to USAA are correctly completed.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. USAA may contact the owner to settle their total loss claim or call the lien holder to obtain lien information.			

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Christopher Borak

PRINT or TYPE Name

X



Signature of business or organization representative

3/8/2018 Bexar County

Date and place (county) signed

Authorities:

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Company/Agency name United Services Automobile Association		Website usaa.com
Contact name, Primary applicant and contract manager Garry Barfield	(Area code) Telephone number 210-540-3450	Email (required) garry.barfield@usaa.com
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)

Physical address of business (number and street) 9800 Fredericksburg Road		
City San Antonio	State TX	ZIP code 78288

Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Access to Washington Vehicle/ Vessel inquiry system to obtain vehicle owner and lienholder information. USAA will enter the VIN or plate number to obtain vehicle owner information for auto insurance claims processing.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We do not share the actual report/findings with anyone, unless of course there were a situation where the information was discoverable and being requested by a legal representative. Depending on the investigation, the report would not be shared with a member and/or claimant, but the content could be conveyed if there were a need to make them aware of why we may possibly be denying the claim. It would depend on the individual investigation. Often times if there is further investigation needed, the DOI could request a copy of our claim file, which would include this info.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

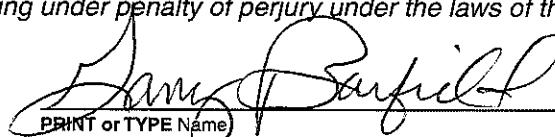
Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



PRINT or TYPE Name

X

Gary Barfield

Signature of business or organization representative

3-7-2018

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

Company/Agency name Wells Fargo Auto Finance		Website	
Contact name, Primary applicant and contract manager Erica Brown		(Area code) Telephone number 480-787-4957	
Email (required) erica.x.brown@wellsfargo.com			
Contact name 2 (if applicable) David Nape		(Area code) Telephone number 480-787-4949	
Email (required) davidnape@wellsfargo.com			
Physical address of business (number and street) 2800 S. Price Rd. 4th Floor			
City Chandler		State AZ	ZIP code 85139
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
lien verification			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

No

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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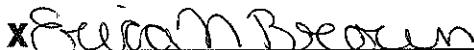
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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Erica N. Brown

PRINT or TYPE Name



Signature of business or organization representative

March 3rd, 2018 Maricopa County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

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If you currently have a CPS number, enter it here

13a

Company/Agency name Herrmann Law Group		Website www.herrmannlawgroup.com	
Contact name, Primary applicant and contract manager Jody Lopat	(Area code) Telephone number 253-627-8142		
Contact name 2 (if applicable) Debbie Smith	(Area code) Telephone number 253-627-8142		
Physical address of business (number and street) 1535 Tacoma Ave S			
City Tacoma		State WA	ZIP code 98402
Mailing address of business (if different)			
City		State	
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 603482720
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Provide legal representation to injured persons			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
We may contact the owner via written letter to obtain car insurance information. We may give the owners information to an insurance company or WA state court.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jody Lopat

PRINT or TYPE Name

X

Signature of business or organization representative

2/23/2018 Pierce County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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Each data broker or reseller must:

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- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Herrmann Law Group	Contact name Holly Li	Email Holly@herrmannlawgroup.com	(Area code) Phone number 253-627-8142
	Address, City, State, Zip code 1535 Tacoma Ave S, Tacoma WA 98402		Subscriber's permissible use Information used to process auto accident insurance claims.	
2	Legal business name Herrmann Law Group	Contact name Sarah Szkudlarek	Email sarah@herrmannlawgroup.co	(Area code) Phone number 253-627-8142
	Address, City, State, Zip code 1535 Tacoma Ave S, Tacoma WA 98402		Subscriber's permissible use Information used to process auto accident insurance claims.	
3	Legal business name Herrmann Law Group	Contact name Sarah Lane	Email sarahlane@herrmannlawgrou	(Area code) Phone number 253-627-8142
	Address, City, State, Zip code 1535 Tacoama Ave S., Tacoma, WA 98402		Subscriber's permissible use Information used to process auto accident insurance claims.	
4	Legal business name Herrmann Law Group	Contact name Jody Lopat	Email jody@herrmannlawgroup.com	(Area code) Phone number 253-627-8142
	Address, City, State, Zip code 1535 Tacoma Ave S, Tacoma WA 98402		Subscriber's permissible use Information used to process auto accident insurance claims.	
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Legal
Directory

Search in:

Legal
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Discipline
Notices

Lara Herrmann

License Number: 30564

[License Type:](#) Lawyer

Eligible To Practice: Yes

[License Status:](#) Active

WSBA Admit Date: 11/17/2000

Contact Member

Contact this member via email.

Disclaimer

Legal Profile disclaimer.

Contact Information

[Back to top](#)

Public/Mailing Address:

505 5th Ave S Ste 630
Seattle, WA 98104-3893
United States

Email:

Lara@hslawfirm.com

Phone:

(253) 627-8142

Fax:

Website:

www.hslawfirm.com

TDD:

Practice Information Identified by Legal Professional

[Back to top](#)

Firm or Employer:

2-5 Lawyers in Firm

Office Type and Size:

General, Personal Injury

Practice Areas:

None Specified

Professional Liability Insurance

[Back to top](#)

Private Practice: Yes

Has Insurance? Yes - [Click for more info](#)

Last Updated: 1/10/2018 12:00:35 AM

City of Seattle Customer #: 782747



State of Washington UBI #: 603482720-001-0001

Tax period: Quarterly*

Tax Reporting: Separate

BUSINESS LICENSE TAX CERTIFICATE

BUSINESS LICENSE

EXPIRATION DATE

12/31/2018

12/31/2018

2018

* Tax returns due: Jan 31 Apr 30 Jul 31 Oct 31

IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

HERRMANN LAW GROUP PS INC
505 5TH AVE S # 630
SEATTLE, WA 98104-3893

Not Transferable

Post Conspicuously



City of Seattle

Department of Finance and Administrative Services

700 Fifth Ave., Suite 4250

P.O. Box 34214, Seattle, WA 98124-4214

Telephone: 206-684-8484 Fax: 206-684-5170

Email: tax@seattle.gov Website: seattle.gov/licenses

Business License Tax Certificate
Expiration Date: 12/31/2018

BUSINESS MAILING ADDRESS:

782747

000 5

20169 / 43-1-278

.....

HERRMANN LAW GROUP PS INC
1535 TACOMA AVE S
TACOMA WA 98402-1805

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Legal
Directory

Search in:

Legal
Directory

Discipline
Notices

Charles Julius Herrmann

License Number: 6173

License Type: Lawyer

Eligible To Practice: Yes

License Status: Active

WSBA Admit Date: 11/6/1975

Contact Member

Contact this member via email.

Disclaimer

Legal Profile disclaimer.

Contact Information

[Back to top](#)

Public/Mailing Address:

505 5th Ave S Ste 630
Seattle, WA 98104-3893
United States

Email:

charles@hslawfirm.com

Phone:

(206) 625-9104

Fax:

(206) 682-6710

Website:

<http://www.hslawfirm.com>

TDD:

Practice Information Identified by Legal Professional

[Back to top](#)

Firm or Employer:

Office Type and Size: 6-10 Lawyers in Firm

Practice Areas:

Aviation, Insurance, Personal Injury

Languages Other Than English: None Specified

Professional Liability Insurance

[Back to top](#)

Private Practice: Yes

Has Insurance? Yes - [Click for more info](#)

Last Updated: 12/13/2017 12:00:25 AM

From: [Zabihi, Sean](#)
To: [Mitchell, Susan \(DOL\)](#)
Subject: Re: IVIPS Application
Date: Monday, February 26, 2018 5:45:14 PM

You're welcome.

We are a new car dealership, BMW of Bellevue and we use IVIPS to confirm legal ownership of trades during the transaction in particular when no registration is available.

Thank you
Sean

On Feb 26, 2018, at 7:51 AM, Mitchell, Susan (DOL) <SMITCHELL@DOL.WA.GOV> wrote:

Thank you for your application but please explain in detail why you need vehicle information.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: Zabihi, Sean [<mailto:ZabihiS@AutoNation.Com>]
Sent: Saturday, February 24, 2018 10:40 AM
To: DOL DRIVES ASD Contracted Plate Search <CPS@DOL.WA.GOV>
Cc: Wallace, Danyelle <WallaceD1@AutoNation.Com>
Subject: IVIPS Application

Good morning,

Please receive the application form for IVIPS access for BMW of Bellevue.

Thank you,
Sean Zabihi GM

CONFIDENTIAL: This electronic mail (including any attachments) may contain information that is privileged, confidential, and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination or use of this electronic email or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please notify us immediately by reply email so that we may correct our internal records. Please then delete the original message (including any attachments) in its entirety. Thank you

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Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

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If you currently have a CPS number, enter it here

Company/Agency name Coast Private Investigations, LLC		Website www.coastpi.com	
Contact name, Primary applicant and contract manager Gary L. Odegard		(Area code) Telephone number 206 948 9001	
Contact name 2 (if applicable)		(Area code) Telephone number	
Physical address of business (number and street) 7926 NE 170th Street			
City Kenmore		State WA	ZIP code 98028
Mailing address of business (if different) Same			
City Same		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602977978
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Provide investigative services for civil, criminal and corporate matters. Obtain owner/operator information for the prevention of fraud, criminal/witness location, services of legal process, litigation verification, research activities and evidence gathering.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Will not contact the owner. Will provide confidentially to representing attorney and/or insurance carrier at no charge. Intended use will fall within the Department of Licensing WSR 08-20-131 guidelines for use by private investigation agencies.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dot.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

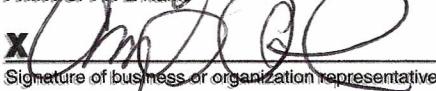
Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Gary L. Odegard

PRINT or TYPE Name



Signature of business or organization representative

May 8, 2018

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF WASHINGTON

DEPARTMENT OF LICENSING

BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



ARMED PRIVATE INVESTIGATOR
PRINCIPAL

COAST PRIVATE INVESTIGATIONS
GARY L ODEGARD
7926 NE 170TH STREET
KENMORE WA 98028

3201

License Number

02/02/2010

Issued Date

01/31/2019

Expiration Date

Licensee Released -

Termination Date / /



Pat Kohler, Director



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

COAST PRIVATE INVESTIGATIONS, LLC
COAST PRIVATE INVESTIGATIONS
7926 NE 170TH ST
KENMORE, WA 98028-3927

PRIVATE INVESTIGATIVE AGENCY - ACTIVE

TAX REGISTRATION - ACTIVE

Unified Business ID #: 602977978

Business ID #: 001

Location: 0001

Expires: Jan 31, 2019

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: ODEGARD, GARYL

CITY ENDORSEMENTS:

KENMORE HOME OCCUPATION BUSINESS - ACTIVE

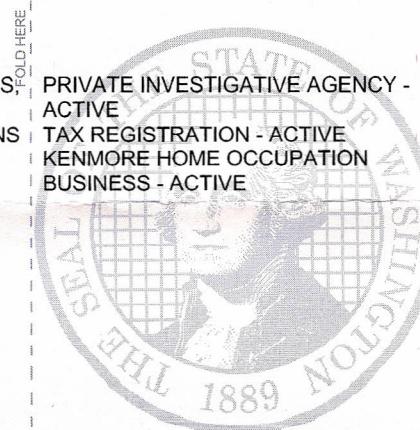
This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

UBI: 602977978 001 0001

COAST PRIVATE INVESTIGATIONS, LLC
COAST PRIVATE INVESTIGATIONS
7926 NE 170TH ST
KENMORE, WA 98028-3927

STATE OF WASHINGTON



PRIVATE INVESTIGATIVE AGENCY -
ACTIVE
TAX REGISTRATION - ACTIVE
KENMORE HOME OCCUPATION
BUSINESS - ACTIVE

Expires: Jan 31, 2019

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

[Adobe Reader](#) XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here **13a**

Company/Agency name Inspirus Credit Union		Website InspirusCU.org	
Contact name. Primary applicant and contract manager Gerry Weston		(Area code) Telephone number 206 628 5819	
Email (required) Gerry@InspirusCU.org			
Contact name 2 (if applicable) Tia Mak		(Area code) Telephone number 206 472 6222	
Email (required) Tia@InspirusCU.org			
Physical address of business (number and street) 5200 Southcenter Blvd			
City Seattle		State WA	ZIP code 98188
Mailing address of business (if different) PO Box 576			
City Seattle		State WA	ZIP code 98111
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			601133771
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Inspirus Credit Union originates and provides funding for loans for its members; auto loans are one loan type that the credit union originates. Inspirus is the lien holder on vehicles it provides funding for the term of the loan. Inspirus requires that vehicle titles for loans it has provided funding for be perfected and reflect Inspirus as the legal owner. Gerry Weston is the new contract manager and administrator due to the retirement of Melanie Kent, the previous contract manager and administrator. Access will allow Inspirus to confirm that the aforementioned terms are met.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
No			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

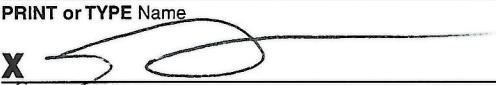
Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Gerry Weston

PRINT or TYPE Name

X

Signature of business or organization representative

04/10/2018

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Article No. 112379



DOMESTIC

Department of State
Olympia
OFFICE OF THE
Secretary of State

I, EARL COE, Secretary of State of the State of Washington, do hereby certify that

ARTICLES OF INCORPORATION
OF THE

WASHINGTON TEACHERS' CREDIT UNION

a Domestic Corporation, of.....Seattle....., Washington, were, on
the 7th day of April, A. D. 1949, at 10:45 o'clock A. M.,
filed for record in this office and now remain on file herein, being duly recorded in Book 445, at
page 263-65, Domestic Corporations.

IN TESTIMONY WHEREOF, I have hereunto
set my hand and affixed hereto the Seal of the
State of Washington.

Done at the Capitol, at Olympia, this 7th day
of April, A. D. 1949.

EARL COE,
Secretary of State.

By *Spencer J. Yeoman*
Assistant Secretary of State.

ARTICLES OF INCORPORATION

OF

WASHINGTON TEACHERS' Credit Union

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned subscribers, have this day voluntarily associated ourselves together for the purpose of forming a Credit Union pursuant to the terms of Chapter 173 of the 1933 Session Laws of Washington, as amended thereafter, and to that end have adopted the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be WASHINGTON TEACHERS' Credit Union; and its location and principal place of business shall be SEATTLE, in the county of KING, State of Washington.

ARTICLE II

The number of directors of the corporation shall be not less than seven nor more than fifteen, as fixed in the by-laws.

ARTICLE III

The names, occupations, and post office addresses of the subscribers to these Articles, and the number of shares which each has agreed to take are as follows:

<u>Name</u>	<u>Post Office Address</u>	<u>Occupation</u>	<u>Number of Shares</u>
O. K. GLOVER	1811 Shelby Ave., Seattle	Principal	1
CHAS. F. McDAHAN	18543-37th Ave., N.E.	Principal	1
HOMER H. DAVIS	5553-34th Ave., N.E.	Principal	1
PAUL H. HODGE	Snohomish, Washington	Teacher	1
ROBERT J. HANKE	4015 East 45th, Seattle	CREDIT Union Employee	1
FRANK H. HANACK	Edmonds, Washington	Lecturer	1
F. A. RANTZ	13-13-421 Avs., N.E. Seattle	Supervisor	1

(At least seven members of the proposed corporation must be shown in the above spaces, more incorporators may be shown if desired.)

ARTICLE IV

The par value of each share of stock of the corporation shall be Five Dollars (\$5.00) per share.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this
29th day of March, 1949.

Robt. J. Handy
Paul H. Hodge
F. A. Rantz
O. K. Glover
F. H. Hamack

Homer M. Davis
Chas. F. McKeahan

STATE OF WASHINGTON)
County of King) SS

This is to certify that on this 29th day of March, 1949
there appeared before me
Robt. J. Handy, Paul H. Hodge, F. A. Rantz, O. K. Glover, F. H. Hamack,
Homer M. Davis and Chas. F. McKeahan

to me personally known to be the persons described in and who executed the
foregoing Articles of Incorporation, and they and each of them did
acknowledge and declare to me that they executed the same freely and
voluntarily for the uses and purposes therein mentioned.

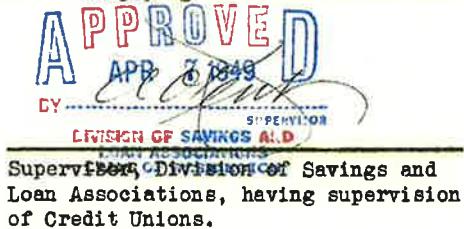
IN WITNESS WHEREOF, I have hereunto set my hand and official seal
in quadruplicate the day and year first above written.

Leahy M. Walker

Notary Public in and for the State
of Washington, residing at

Seattle

The above and foregoing Articles of Incorporation of the _____
Washington Teachers' Credit Union of Seattle,
Washington, are hereby approved by me as complying with the laws of the
State of Washington.



Dated _____

225624

FILE NUMBER



DOMESTIC

STATE OF WASHINGTON | DEPARTMENT OF STATE

I, **A. LUDLOW KRAMER**, Secretary of State of the State of Washington and custodian of its seal, hereby certify that

AMENDED

ARTICLES OF INCORPORATION

of WASHINGTON TEACHERS' CREDIT UNION

a domestic corporation of Seattle, Washington,
(Changing name to WASHINGTON SCHOOL EMPLOYEES' CREDIT UNION)

was filed for record in this office on this date, and I further certify that such Articles remain on file in this office.



In witness whereof I have signed and have affixed the seal of the State of Washington to this certificate at Olympia, the State Capitol,

December 15, 1972

A handwritten signature in black ink, appearing to read "A. LUDLOW KRAMER".

A. LUDLOW KRAMER
SECRETARY OF STATE

FILED

DEC 15 1972

A. LUDLOW KRAMER
SECRETARY OF STATE

THIS IS TO CERTIFY that the following amendment to the Articles of Incorporation of the Washington Teachers' Credit Union of Seattle, Washington, was adopted by a two-thirds favorable vote of the directors present at a regularly called meeting, at which a quorum was present, and held on the 26th day of October, 19 72. A copy of the proposed amendment together with notice of the Meeting was given as required by law.

ARTICLE I, Section _____ (as it now reads):

Washington Teachers' Credit Union

ARTICLE I, Section _____ (as amended to read):

Washington School Employees' Credit Union

Signed this 8th day of November, 19 72.

Dyan G. Colburn
President

ATTEST

Stanley O. McNaughton
Secretary

The foregoing amendment to the Articles of Incorporation is approved this
13th day of December, 19 72.

Wm. E. Young
Supervisor, Division of Savings and Loan
Associations
having supervision of Credit Unions.

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF AMENDMENT

to

WASHINGTON SCHOOL EMPLOYEES' CREDIT
UNION

a Washington Credit Union corporation. Articles of Amendment were filed for record in
this office on the date indicated below.

UBI Number: 000 000 000

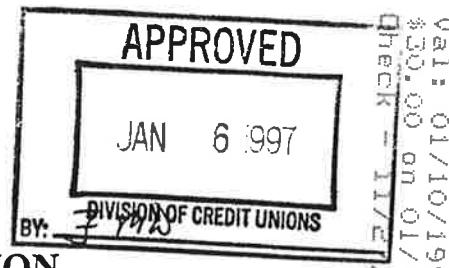
Date: January 10, 1997



*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*


RALPH MUNRO
Ralph Munro, Secretary of State

2-112379-9



ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION
WASHINGTON SCHOOL EMPLOYEES CREDIT UNION
FILED
STATE OF WASHINGTON

The above-named corporation hereby submits the following amendment to the corporation's Articles of Incorporation:

The name of record of the corporation is: *Washington School Employees Credit Union*.

A new article is added to read as follows:

ARTICLE V.

CEI
FEB 25 1988

To the full extent that the Washington State Statutes, as they exist on the date hereof or may hereafter be amended, permits the limitation or elimination of the liability of directors, a director of the corporation shall not be liable to the corporation or its shareholders for monetary damages for conduct as a director. Any amendment to or repeal of this Article V shall not adversely affect any right or protection of a director of the corporation for or with respect to any acts or omissions of such director occurring prior to such amendment or repeal.

The amendment was duly approved by the members on February 10, 1988, and adopted by the board of directors on March 22, 1988.

Stanley O. McNaughton
Stanley O. McNaughton, Secretary

c:attorney/hrm/cuamnd1.doc/dmc (11/27/96)

Approved by the Assistant Director of Credit Unions the 6th day of January 1997.

J. Parker Cann
J. Parker Cann

Division of Credit Unions
Department of Financial Institutions

DEPARTMENT OF FINANCIAL INSTITUTIONS
PO Box 41200
Olympia WA 98504-1200
(360) 902-8700

STATE OF WASHINGTON



SECRETARY OF STATE

RECEIVED

JUL 24 2002

SCHOOL EMPLOYEES CREDIT UNION OF
WASHINGTON
C/O DOUG LACY ROBERTS
DIV OF CREDIT UNIONS
PO BOX 41200
OLYMPIA WA 98504-1200

DEPT. OF FINANCIAL INSTITUTIONS
OLYMPIA, WASHINGTON

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and
custodian of its seal, hereby certify that documents meeting
Washington statutory requirements have been filed and processed
with the Secretary of State on behalf of:

SCHOOL EMPLOYEES CREDIT UNION OF WASHINGTON

A Washington Non-Profit Corporation
UBI: 601 133 771
Filing Date: July 01, 2002

Previous Name:

WASHINGTON SCHOOL EMPLOYEES' CREDIT UNION



Given under my hand and the seal of the State
of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

JUL 01 2002

STATE OF WASHINGTON

AMENDMENT TO THE ARTICLES OF INCORPORATION

This is to certify that the following amendment to the Articles of Incorporation of the Washington School Employees Credit Union, a Washington corporation, was unanimously adopted by the board of directors in accordance with RCW 31.12.105 by agreed action. A copy of the proposed amendment was included in an agreed action form and the action became effective upon receipt of the last director's signature on March 8, 2002 and is filed with the minutes of the corporation.

ARTICLE I as it now reads:

The name of this corporation shall be Washington School Employees Credit Union; and its location and principal place of business shall be Seattle, in the County of King, state of Washington.

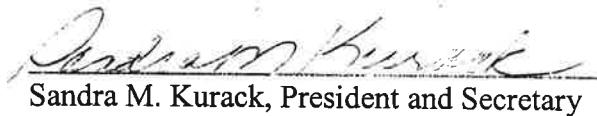
is amended to read:

The name of this corporation shall be School Employees Credit Union of Washington; and its location and principal place of business shall be Seattle, in the County of King, state of Washington.

Signed this 28 day of March, 2002.

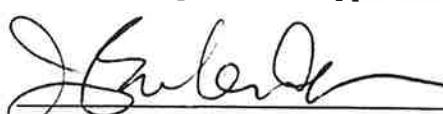


Richard S. White, Chairman



Sandra M. Kurack, President and Secretary

The foregoing amendment to the Articles of Incorporation is approved this 2nd day of April, 2002.



Assistant Director
Division of Credit Unions

APPROVED

APR - 2 2002

DIVISION OF CREDIT UNIONS

BY:



AMENDMENT TO THE ARTICLES OF INCORPORATION
SCHOOL EMPLOYEES CREDIT UNION OF WASHINGTON

FILED
AUG 03 2015
WA SECRETARY OF STATE

This is to certify that the following amendment to the Articles of Incorporation of School Employees Credit Union of Washington (the Credit Union), of Seattle, Washington, was unanimously adopted by the board of directors of the Credit Union at its meeting on March 25, 2015, at which a quorum was present and acting:

Article I as it now reads:

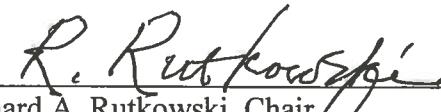
The name of this corporation shall be School Employees Credit Union of Washington; and its location and principal place of business shall be Seattle, in the County of King, state of Washington.

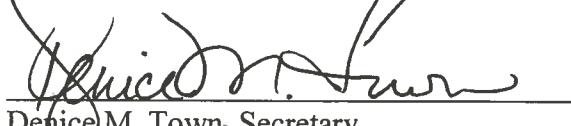
is amended to read:

Article I

The name of this corporation shall be Inspirus Credit Union; and its location and principal place of business shall be in King County, Washington.

Signed this 13 day of April, 2015.


Richard A. Rutkowski, Chair


Denice M. Town, Secretary

This name change shall be effective as of August 3, 2015.

The foregoing amendment to the Articles of Incorporation is approved this 15 day of APRIL, 2015.

APPROVED


Linda Jelue
Director of Credit Unions

APR 15 2015

DIVISION OF CREDIT UNIONS

BY: 

AMENDMENT TO THE ARTICLES OF INCORPORATION
SCHOOL EMPLOYEES CREDIT UNION OF WASHINGTON

FILED
AUG 03 2015
WA SECRETARY OF STATE

This is to certify that the following amendment to the Articles of Incorporation of School Employees Credit Union of Washington (the Credit Union), of Seattle, Washington, was unanimously adopted by the board of directors of the Credit Union at its meeting on March 25, 2015, at which a quorum was present and acting:

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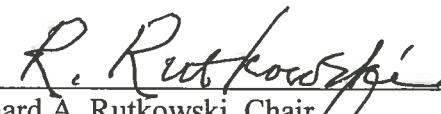
The name of this corporation shall be School Employees Credit Union of Washington; and its location and principal place of business shall be Seattle, in the County of King, state of Washington.

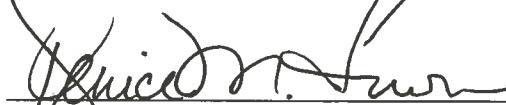
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Article I

The name of this corporation shall be Inspirus Credit Union; and its location and principal place of business shall be in King County, Washington.

Signed this 13 day of April, 2015.


Richard A. Rutkowski, Chair


Denice M. Town, Secretary

This name change shall be effective as of August 3, 2015.

The foregoing amendment to the Articles of Incorporation is approved this 15 day of APRIL, 2015.

APPROVED


Linda Jelue
Director of Credit Unions

APR 15 2015

DIVISION OF CREDIT UNIONS

BY: 

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov
 Print and scan or upgrade to
 Adobe Reader XI or above to fill it in
 and save it.

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Legacy Escrow Service, Inc		Website www.legacyescrow.net	
Contact name, Primary applicant and contract manager Lynlee Kane		(Area code) Telephone number 425-337-7200	
Email (required) lynlee@legacyescrow.net			
Contact name 2 (if applicable) Tim Kane		(Area code) Telephone number 425-337-7200	
Email (required) tim@legacyescrow.net			
Physical address of business (number and street) 14026 92nd ST SE			
City Snohomish		State WA	ZIP code 98290
Mailing address of business (if different) 1429 Avenue D, #371			
City Snohomish, A		State WA	ZIP code 98290
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
6d			
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Escrow transactions and Verification of Existing Manufactured Home Title.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.
 We contact the current owner of record solely for purpose of the sale of their Manufactured Home.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

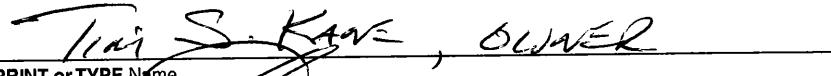
Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

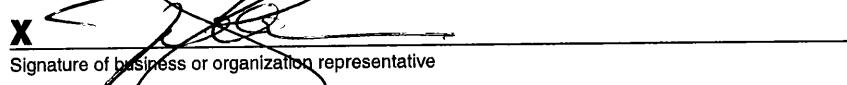
CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



PRINT or TYPE Name _____


X _____
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



1743-1
LEGACY ESCROW SERVICE, INC.
C/O LYNLEE KANE
1429 AVENUE D # 371
SNOHOMISH WA 98290-1742

This is your Washington Legal Entity Registration.
This is not a Washington Business License.

Detach before posting



STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

LEGACY ESCROW SERVICE, INC.
14026 92ND ST SE
SNOHOMISH, WA 98290-9029

Unified Business ID #: 601998021

Expiration: Dec-31-2018

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dot.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dot.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here 13a

Company/Agency name WestEdge Federal Credit Union		Website www.westedgeCU.org	
Contact name, Primary applicant and contract manager Scott Segel	(Area code) Telephone number 360-734-5790		
Contact name 2 (if applicable)	(Area code) Telephone number		
Email (required) scott@westedgecu.org			
Physical address of business (number and street) 2501 James Street			
City Bellingham	State WA	ZIP code 98225	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Vehicle and vessel records will be used to determine if title has brands (e.g. salvage, rebuilt, etc.), confirm owner on record for loan purposes, determine title transfer status for loans in process, etc.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

No

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dot.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

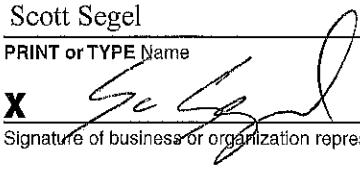
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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

05/01/2018 Whatcom County
Date and place (county) signed

Scott Segel
PRINT or TYPE Name

X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



National Credit Union Administration

Credit Union: WESTEDGE FEDERAL CREDIT UNION

Charter Number: 8113

Date: OCTOBER 6 1952

TIN: 6d

LETTER OF EXEMPTION

This Letter of Exemption certifies that federal credit unions are exempt from all taxes imposed by the United States or by any state, territorial, or local taxing authority, except for local real or personal property tax. Specifically, Section 122 of the Federal Credit Union Act (12 U.S.C. § 1768) states:

The Federal credit unions organized hereunder, their property, their franchises, capital reserves, surpluses, and other funds, and their income shall be exempt from all taxation now or hereafter imposed by the United States or by any State, Territorial, or local taxing authority: except that any real property and any tangible personal property of Federal Credit unions shall be subject to Federal, State, Territorial and local taxation to the same extent as other similar property is taxed. Nothing herein contained shall prevent holdings in any Federal credit union organized hereunder from being included in the valuation of the personal property of the owners or holders thereof in assessing taxes imposed by authority of the State or political subdivision thereof in which the Federal credit union is located; but the duty or burden of collecting or enforcing the payment of such a tax shall not be imposed upon any such Federal credit union and the tax shall not exceed the rate of taxes imposed upon holdings in domestic credit unions.

This exemption from taxation includes municipal taxes such as hotel taxes and night occupancy taxes where the obligation of paying the tax falls on the federal credit union. As such, no tax will apply if a federal credit union employee or official is traveling on credit union business and payment for meals and lodging is made directly by the federal credit union by direct billing or use of a credit card in the name of the federal credit union. If expressly provided by state or local law, this exemption from taxation may also apply to credit union employees or officials traveling on credit union business, regardless of the method of billing or payment. Credit Unions may wish to consult legal counsel to determine the availability of this latter exemption.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert M. Fanner', is written over a large, faint, circular watermark of the same name.

Robert M. Fanner
General Counsel



STATE OF
WASHINGTON

BUSINESS LICENSE

WESTEDGE FEDERAL CREDIT UNION
2501 JAMES ST
BELLINGHAM WA 98225 3597

Unified Business ID #: 601 134 188
Business ID #: 1
Location: 1

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

EXPIRATION DATE

38 1 1
FEDERAL CREDIT UNION
2501 JAMES ST
WA 98225 3597
TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

1. Department of Revenue
2. Section for Your Wallet

SECTION FOR YOUR WALLET

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

 Adobe Reader XI or above to fill it in
and save it.

Mail

 Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Garvey Schubert Barer		Website www.gsblaw.com	
Contact name. Primary applicant and contract manager Erica Hemmen	(Area code) Telephone number 206-816-1496		Email (required) ehemmen@gsblaw.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 1191 2nd Avenue Floor 18			
City Seattle	State WA	ZIP code 98101	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Garvey Schubert Barer (GSB) is a law firm that provides legal services to clients. The Library & Reference Department conducts public records searches to support the legal work GSB conducts. These requests include searching for vehicle registration information - typically to confirm the accuracy of information we receive from the client or to find asset information.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The information obtained is for internal purposes.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Erica Hemmen

PRINT or TYPE Name

X *Erica Hemmen*

Signature of business or organization representative

03/20/2018 (King County, WA)

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Request for Taxpayer
Identification Number and Certification► Go to www.irs.gov/FormW9 for instructions and the latest information.Give Form to the
requester. Do not
send to the IRS.Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

GARVEY SCHUBERT BARER, P.C.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

 Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate
single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1191 SECOND AVENUE, 18TH FLOOR

Requester's name and address (optional)

6 City, state, and ZIP code

SEATTLE, WA 98101-2939

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

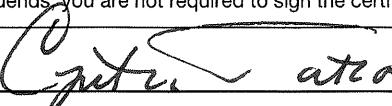
Social security number		
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
or		
Employer identification number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6d		

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
HereSignature of
U.S. person ►

Date ►

1/8/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here 13a

Company/Agency name The Law Office of Mark W. Watson, P.S.		Website	
Contact name. Primary applicant and contract manager Mark W. Watson		(Area code) Telephone number 253-926-8437	
Contact name 2 (if applicable)		(Area code) Telephone number	

Physical address of business (number and street) 3623 South 12th St.			
City Tacoma		State WA	
ZIP code 98405			

Mailing address of business (if different) Same as above			
City		State	
ZIP code			
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
6d			

Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			

We are a law firm and at times it is necessary for us to verify the name and address of individuals, as well as vehicle ownership. Obtaining registered and legal owner vehicle and/or vessel information for use in connection with any civil, administrative, or arbitral proceeding.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

The information may be given to process servers in order to serve legal documents upon appropriate parties and to our clients in the course of our representation. Contact of the owner of the vehicle/vessel will be made by a process server hired by our office to serve legal documents.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

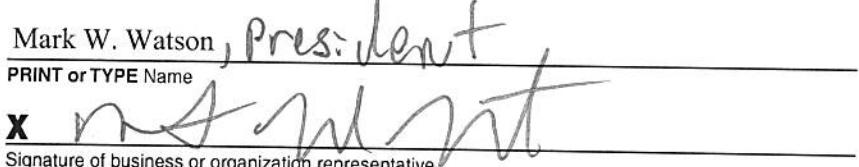
Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Mark W. Watson, President
PRINT or TYPE Name
 
Signature of business or organization representative

3-27-18, Tacoma, WA
Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Washington State Bar
Association

Active Member
24260

MARK W. WATSON
Admitted 11/10/94

Mark W. Watson

Signature of Member

City of Tacoma
Finance Department, Tax & License Division, (253) 591-5252
747 Market Street, Room 212, Tacoma, Washington 98402-3701

2018 GENERAL BUSINESS LICENSE

This is your license do not destroy. This license must be posted in a conspicuous place at the location.
Not transferable or assignable.



REGULATED
BY THE
CITY OF TACOMA
GENERAL
BUSINESS
LICENSE
2018



U.S. POSTAGE PITNEY BOWES

ZIP 98409 \$ 000.25⁴
02 1W
0001403580 FEB 13 2018

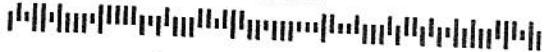
Danielle Larson
Finance Department & License Manager

(Q3)

Account # 6a

Location: 3623 S 12TH ST

3623 HOLDINGS LLC
3623 HOLDING LLC
3623 S 12TH ST
TACOMA WA 98405-2133





1443-1
3623 HOLDINGS, L.L.C.
C/O MARK W WATSON
3623 S 12TH ST
TACOMA WA 98405

This is your Washington Legal Entity Registration.
This is not a Washington Business License.

Detach before posting



STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

3623 HOLDINGS, L.L.C.
3623 S 12TH ST
TACOMA, WA 98405

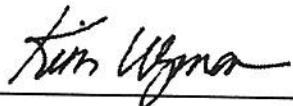
Unified Business ID #: 603013020

Expiration: Apr-30-2018

Domestic Limited Liability Company

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.



Secretary of State

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name ADVENTURE AUTOMOTIVE INC.		dba ALL ABOUT HONDA AUTO WRECKING		Website	
Contact name, Primary applicant and contract manager SCOTT ZACHRY		(Area code) Telephone number 360-862-1001		Email (required) scottazachry@gmail.com	
Contact name 2 (if applicable) ERIN GARVIN		(Area code) Telephone number 425-327-4704		Email (required) egarvin@hotmail.com	
Physical address of business (number and street) 10101 115th AVE SE					
City SNOHOMISH		State WA		ZIP code 98290	
Mailing address of business (if different)					
City		State		ZIP code	
Provide one of these identifiers		Taxpayer Identification Number (TIN)		Employer Identification Number (EIN) 6d	
WA Unified Business Identifier (UBI)					
Answer the following					
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are an auto dismantler/wrecking yard. Records will be used to verify legal vehicle ownership as necessary in the auto dismantling process.					

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not disclose owner information to any person or business. We will not contact the owner.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/3/18 SNOHOMISH

Date and place (county) signed

Scott Zachry
PRINT or TYPE Name
 Scott Zachry
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name ADVENTURE AUTOMOTIVE	Contact name Scott Zachry	Email scottzachry@gmail.com	(Area code) Phone number 360-862-1001
	Address, City, State, Zip code 10101 115th AVE SE SNOHOMISH WA 98290		Subscriber's permissible use Information is used to accept vehicles for auto dismantling purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name ADVENTURE AUTOMOTIVE	Contact name Erin Garvin	Email egarvin@hotmail.com	(Area code) Phone number 360-862-1001
	Address, City, State, Zip code 10101 115th AVE SE SNOHOMISH WA 98290		Subscriber's permissible use Information is used to accept vehicles for auto dismantling purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3	Legal business name ADVENTURE AUTOMOTIVE	Contact name Carrie Curnutt	Email aaawscale@gmail.com	(Area code) Phone number 360-862-1001
	Address, City, State, Zip code 10101 115th AVE SE SNOHOMISH WA 98290		Subscriber's permissible use Information is used to accept vehicles for auto dismantling purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4	Legal business name ADVENTURE AUTOMOTIVE	Contact name Dan Francis	Email aaawoffice@gmail.com	(Area code) Phone number 360-862-1001
	Address, City, State, Zip code 10101 115th AVE SE SNOHOMISH WA 98290		Subscriber's permissible use Information is used to accept vehicles for auto dismantling purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

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If you currently have a CPS number, enter it here

13a

Company/Agency name LexisNexis Claims Solutions Inc.		Website risk.lexisnexis.com	
Contact name. Primary applicant and contract manager Jennifer Miller	(Area code) Telephone number 678/ 694-4932	Email (required) jennifer.miller@lexisnexisrisk.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 2885 Breckinridge Blvd., Suite 400			
City Duluth		State GA	ZIP code 30096
Mailing address of business (if different) P. O. Box 740167			
City Atlanta		State GA	ZIP code 30374
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). LexisNexis Claims Solutions Inc. provides WA vehicle data to insurers for use in connection with insurance claims purposes.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

LexisNexis Claims Solutions Inc. provides WA vehicle data to insurers for use in connection with insurance claims purposes. LexisNexis Claims Solutions Inc. does not currently provide WA vehicle data to attorneys or private investigators.

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

See Attachment A

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
2	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	(Area code) Phone number
3	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
5	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	(Area code) Phone number
6	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Meredith L. Sidewater

PRINT or TYPE Name

March 23, 2018 Fulton County, X

Date and place (county) signed

GA

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125
Lawrenceville, GA 30046

2017

NOT
TRANSFERABLE

DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW

Date Issued:	January 24, 2017	Certificate Number:	2017175412
Expires:	March 31, 2018	Fee:	\$1,348.53
Business Name:	LEXISNEXIS CLAIMS SOLUTIONS INC		
Description:	All Other Insurance Related Activities		

MAIL TO:

LEXISNEXIS CLAIMS SOLUTIONS INC
C/O LEXISNEXIS CLAIMS SOLUTIONS INC
313 WASHINGTON ST STE 400
NEWTON MA 02458-1626

Business Location
2885 BRECKINRIDGE BLVD
SUITE 400
DULUTH GA 30096-7608

Only valid at this location and when location conforms to Gwinnett County Ordinance

Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125

Lawrenceville, GA 30046

2018

NOT
TRANSFERABLE

DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW

Date Issued: January 31, 2018

Expires: March 31, 2019

Certificate Number: 2018175412

Fee: \$1,872.18



Business Name: LEXISNEXIS CLAIMS SOLUTIONS INC
Description: All Other Insurance Related Activities

MAIL TO:

LEXISNEXIS CLAIMS SOLUTIONS INC
C/O LEXISNEXIS CLAIMS SOLUTIONS INC
313 WASHINGTON ST STE 400
NEWTON MA 02458-1626

Business Location
2885 BRECKINRIDGE BLVD
SUITE 400
DULUTH GA 30096-7608

This valid at this location and application conforms to Gwinnett County Ordinance

STATE OF GEORGIA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY NAME CHANGE

I, **Wesley B. Tailor**, the Deputy Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

CHOICEPOINT POLICE RECORDS INC.
a Foreign Profit Corporation

formed under the laws of the State of Arkansas and authorized to transact business in Georgia on 08/08/2002, has amended its application to transact business in this state by the filing of an amendment changing its name to

LEXISNEXIS CLAIMS SOLUTIONS INC.

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on January 15, 2010



A handwritten signature in black ink that reads "Wesley B. Tailor".

Wesley B. Tailor
Deputy Secretary of State

CORPORATIONS DIVISION

Suite 315 West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530
(404) 656-2817



Karen Handel
Secretary Of State

**Application for Amended
Certificate of Authority of a
Foreign Entity**

2010 JAN 15 PM 3:33
SECRETARY OF STATE
CORPORATIONS DIVISION

An amended certificate of authority must be obtained only if a foreign entity changes its name or its jurisdiction of organization. Complete (where applicable) and return this form with a check made payable to the Secretary of State in the amount of \$20.00. Entity must be in "Active Compliance" status in order to use this form.

1. Entity Name ChoicePoint Police Records Inc.

2. Entity Control No. 0240431

3. State/Country Of Jurisdiction Arizona

4. Date of Authorization In Georgia 08/08/2002

5. Please Indicate Entity Type (Check One Box Only):

Corporation (Corporation Must Provide Certificate Of Existence From Home State With New Name)
 Limited Liability Company
 Limited Partnership

6. The name by which the entity will hereafter be known is:

LexisNexis Claims Solutions Inc.

7. New Jurisdiction: _____

ATTENTION: If any other information required in the original application for certificate of authority has changed, the entity has an obligation under Georgia Law to inform the Secretary of State of said changes. Attach additional pages if necessary.

Signed By:

Renee Simonton
Authorized Signature and Title

Renee Simonton, Vice President

1/4/2010
Date

CD 518

State of Georgia
Amend/Restate 3 Page(s)



STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

I, ERNEST G. JOHNSON, EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION, DO HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW:

** CHOICEPOINT POLICE RECORDS INC. **

WAS INCORPORATED ON THE 5TH DAY OF SEPTEMBER, 1985 .

I FURTHER CERTIFY THAT THE ABOVE NAMED CORPORATION CHANGED ITS NAME TO:

** LEXISNEXIS CLAIMS SOLUTIONS INC. **

ON THE 1ST DAY OF JANUARY, 2010, AS PROVIDED BY LAW.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, Capital, this 13 Day of January, 2010 A.D.



Executive Director

By:

A handwritten signature in black ink, appearing to read "E G JOHNSON".

**Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530**

CONTROL NUMBER: 0240431
EFFECTIVE DATE: 08/08/2002
JURISDICTION : ARKANSAS
REFERENCE : 0048
PRINT DATE : 08/12/2002
FORM NUMBER : 316

PARANET CORPORATION SERVICES, INC.
STEPHANIE THOMAS
3761 VENTURE DRIVE, STE 260
DULUTH, GA 30096

CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**CHOICEPOINT POLICE RECORDS INC.
A FOREIGN PROFIT CORPORATION**

has been duly incorporated under the laws of the jurisdiction set forth above and has filed an application meeting the requirements of Georgia law to transact business as a foreign corporation in this state.

WHEREFORE, by the authority vested in me as Corporations Commissioner, the above named corporation is hereby granted, on the effective date stated above, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



A handwritten signature of Cathy Cox in black ink.

Cathy Cox
Secretary of State



CATHY COX
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
315 West Tower, #2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

Registered agent, officer, entity status information via the Internet
<http://www.sos.state.ga.us/corporations>

WARREN RARY
Director

QUINTILIS B. ROBINSON
Deputy Director

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN CORPORATION

DO NOT WRITE IN SHADED AREA - SOS USE ONLY

PENDING #

CONTROL #

DOCKET CODE

DATE FILED

AMOUNT

CHECK #

TYPE CODE

EXAMINER

JURISDICTION CODE

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. ChoicePoint Police Records Inc.

Corporate Name

22240530
Name Reservation Number (Optional)

upon qualification

Date business commenced (or proposed) in Georgia (NOTE: If the date provided here is more than 30 days prior to the date the application is received by the Secretary of State a \$500 penalty, FOR EACH YEAR OR PART THEREOF, will be assessed.)

2. Mary Young

Applicant/Attorney

Telephone Number

1000 Alderman Drive

Address

Alpharetta

Georgia

30005

City

State

Zip Code

3. 1000 Alderman Drive

Alpharetta

Georgia

30005

Principal Office Mailing Address

City

State

Zip Code

4. Corporation Service Company

Name of Registered Agent in Georgia

4845 Jimmy Carter Boulevard

Registered Office Street Address in Georgia

Norcross

Gwinnett

GA 30093

City

County

State

Zip Code

5. Circle ONE

PROFIT

NONPROFIT

Jurisdiction
(Home State/Country):

Arizona

Date of Incorporation:

09/05/1985

Period of Duration:
perpetual

6. See attachment

Officer / CEO

Address

City

State

Zip Code

Officer / CFO

Address

City

State

Zip Code

Officer / SEC

Address

City

State

Zip Code

Director

Address

City

State

Zip Code

Director

Address

City

State

Zip Code

Director

Address

City

State

Zip Code

7. NOTICE: Mail or deliver the following items to the Secretary of State at the above address.

- (1) Original and one copy of this application
- (2) An ORIGINAL certificate of existence, not more than 90 days old, certified by the home state or country must be sent in with this application. A photocopy WILL NOT be accepted. Certificate from home state must accompany application and be no more than 90 days old.
- (3) Filing fee of \$170.00 (Profit) or \$70.00 (Nonprofit) payable to "Secretary of State." Filing fees are NON-refundable.

Mary M Young
Authorized Signature

July 31, 2002
Date

FORM 236

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****CHOICEPOINT POLICE RECORDS INC. *****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on September 5, 1985.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 6th Day of August, 2002, A. D.

The signature of Brian C. McNeil, Executive Secretary, in cursive ink.

EXECUTIVE SECRETARY

BY: The signature of Brian C. McNeil, Executive Secretary, in cursive ink.



Attachment A

ChoicePoint Police Records Inc.

Officers:

Derek V. Smith, Chairman and CEO
Douglas C. Curling, President and COO
Steven W. Surbaugh, Chief Financial Officer
David T. Lee, Executive Vice President
J. Michael de Janes, General Counsel and Secretary
David E. Trine, Treasurer
Mary M. Young, Assistant Secretary

Directors:

Derek V. Smith
Douglas C. Curling
J. Michael de Janes

The business address is:

1000 Alderman Drive
Alpharetta, GA 30005
770/752-6000

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AUTHORITY

to

LEXISNEXIS CLAIMS SOLUTIONS INC.

a/an AZ Profit Corporation. Charter documents are effective on the date indicated below.

Date: 3/23/2011

UBI Number: 603-098-318

APPID: 1989579



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in blue ink that reads "Sam Reed".

Sam Reed, Secretary of State



Foreign Profit Corporation

See attached detailed instructions

Filing Fee \$180.00
 Filing Fee with Expedited Service \$230.00

03/23/11 1917196-
001
\$250.00 K #343705
tid: 6d

FILED
SECRETARY OF STATE
SAM REED
MARCH 23, 2011
STATE OF WASHINGTON

UBI Number:

603 098 318

CERTIFICATE OF AUTHORITY

Chapter 23B.15 RCW

SECTION 1

NAME OF CORPORATION:

LexisNexis Claims Solutions Inc.

(Must contain one of the following corporate designations: Corporation, Incorporated, Limited or Company, or an abbreviation Corp., Inc., Ltd., or Co. – See instructions page for use of names)

NAME TO BE USED IN WASHINGTON STATE: (If different than above, resolution must be attached)

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY INCORPORATED: Arizona

DATE OF ORIGINAL INCORPORATION: 09/05/1985

(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)

SECTION 3

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 1000 Alderman Drive City Alpharetta State/Country GA Zip 30005
PO Box 2 Newton Place, Suite 350 City Newton State/Country MA Zip 02458

SECTION 4

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY: (Please check one of the following)

Upon filing by the Secretary of State
 Specific Date: _____ (Specified effective date must be within 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State)

SECTION 5**TENURE: (Please check one of the following and indicate the date if applicable)**

Perpetual existence
 Specific term of existence _____ (Number of years or date of termination)

SECTION 6**DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE:** 03/23/2011**SECTION 7****NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

Name: CT Corporation System

Physical Location Address (required):

1801 West Bay Drive NW, Suite 206

City Olympia WA Zip Code 98502

Mailing or Postal Address (optional):

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X By: Michele Rowe
Signature of Registered AgentMichele Rowe
Assistant Secretary

3/23/11

Printed Name

Date

SECTION 8**NAME AND ADDRESS OF EACH DIRECTOR AND OFFICER:***(If necessary, attach additional names and addresses)*

Name: SEE ATTACHMENT Title:

Address:

City _____ State _____ Zip Code _____

Name: _____ Title: _____

Address:

City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____ Renee Simonton/Vice President 3/23/11 3028848311
 Signature of Officer or Chairman Printed Name/Title Date Phone Number

Foreign Profit Corporation – Certificate

Washington Secretary of State

Revised 07/10

Director and Officers Report - Work Address

LexisNexis Claims Solutions Inc.

Company Name

1 LexisNexis Claims Solutions Inc.

Appointments

Name	Appointed as	Work address
Kenneth E. Fogarty	Director	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Henry Z. Horbaczewski	Director	125 Park Avenue, 23rd Floor, New York NY 10017, United States
James M. Peck	Director	1000 Alderman Drive, Alpharetta GA 30005, United States
Meredith L. Sidewater	Director	1000 Alderman Drive, Alpharetta GA 30005, United States
James M. Peck	President	1000 Alderman Drive, Alpharetta GA 30005, United States
James M. Peck	Chief Executive Officer	1000 Alderman Drive, Alpharetta GA 30005, United States
Rebecca E. Schmitt	Chief Financial Officer	1000 Alderman Drive, Alpharetta GA 30005, United States
Rick Trainor	Chief Operating Officer	1000 Alderman Drive, Alpharetta GA 30005, United States
Armando J. Escalante	Chief Technology Officer	Seisint, Inc., 6601 Park of Commerce Boulevard, Boca Raton FL 33487, United States
Kenneth R. Thompson,II	General Counsel	9443 Springboro Pike, Miamisburg OH 45342, United States
William M. Conway	Vice President	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Henry Z. Horbaczewski	Vice President	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Rebecca E. Schmitt	Vice President	1000 Alderman Drive, Alpharetta GA 30005, United States
Renee Simonton	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Kenneth R. Thompson,II	Vice President	9443 Springboro Pike, Miamisburg OH 45342, United States
Kenneth E. Fogarty	Vice President-Financial Services	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Linda M. Hlavac	Vice President-Human Resources	Reed Elsevier New Providence, 121 Chanlon Road, New Providence NJ 07974, United States
Scott W. Leibold	Vice President-Real Estate	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Rubi L. Iniguez	Vice President-Tax	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Peter F. Dangoia	Assistant Vice President	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Kenneth R. Thompson,II	Secretary	9443 Springboro Pike, Miamisburg OH 45342, United States
Kenneth E. Fogarty	Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Jacqueline Gregorski	Assistant Secretary	1105 North Market Street, Suite 501, Wilmington, Delaware, 19801, US

Henry Z. Horbaczewski	Assistant Secretary	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Michael Lamb	Assistant Secretary	1000 Alderman Drive, Alpharetta GA 30005, United States
Meredith L. Sidewater	Assistant Secretary	1000 Alderman Drive, Alpharetta GA 30005, United States
Renee Simonton	Assistant Secretary	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter F. Dangoia	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Michele L. DeMarco	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Lynn M. Formica	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Rubi L. Iniguez	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States

**Vehicle/Vessel On-line Access
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

Company/Agency name <i>republic parking Northwest LLC</i>		Website <i>www.rpnw.com</i>	
Contact name, Primary applicant and contract manager <i>Chelsie Hardwick</i>	(Area code) Telephone number <i>206-785-4441</i>	Email (required) <i>chardwick@rpnw.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>200 10. Mercer St., Suite 103</i>			
City <i>Seattle</i>	State <i>WA</i>	ZIP code <i>98119</i>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>601-014932</i>
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>We manage and maintain parking locations and operations for our clients. We tow up customer's license plates in the event they have violated our T&C and not paid the appropriate fees.</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>Yes, we will mail a letter to the customer asking them to paid their fees. If unpaid for over 180 days, we will turn the debt over to a third party collection agency, Financial Assistance Inc (FAI).</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

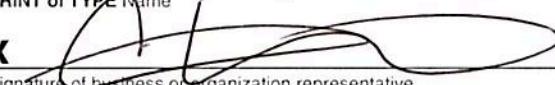
CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/11/2018 King County
Date and place (county) signed

Chelsie Hardwick
PRINT or TYPE Name
 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Financial Assistance Inc	Contact name Jim Furr	Email jimfurr@fai.collect.com	(Area code) Phone number 425-641-3235
	Address, City, State, Zip code 1135 140th Ave NE, #100, Bellevue WA 98005	Subscriber's permissible use <i>Request names and addresses of neg. owners to notify them of outstanding parking violations.</i>		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code	Subscriber's permissible use		
	Does the subscriber provide information to an attorney or private investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Starbucks Coffee Company/ Transportation Services		Website https://departments.starbucks.com/sites	
Contact name, Primary applicant and contract manager Brent Stavig	(Area code) Telephone number (206)318-6341	Email (required) bstavig@starbucks.com	
Contact name 2 (if applicable) Matthew Parker	(Area code) Telephone number (206)318-5354	Email (required) maparker@starbucks.com	
Physical address of business (number and street) 2401 Utah Avenue South			
City Seattle	State WA	ZIP code 98134	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We manage several employees only lots in the SODO district. Our garage is a paid site that houses over 1100 vehicles. We ensure that our parking lots are used only by Starbucks AUTHORIZED personnel and visitors. The information will be used to verify the accuracy of personal information submitted by individuals to our business. If such information is not correct/ no longer correct, it will be used to obtain the correct information for the purposes of preventing fraud by, pursuing legal remedies against, or recovering a debt or security interest against, the individual.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Our purpose is strictly to identify vehicles on our property and ensure that the owners are authorized to use our (paid) lots. Partners (employees) found in violation of our standards will be notified via email/ phone of the offences and given every opportunity to correct the infraction. Unauthorized vehicles found in our lots will be legally removed at the owner's expense. Starbucks will not share or publish information with any unauthorized entity unless there is a legitimate concern for life safety involved. Use of the tool will be restricted to the Starbucks Transportation Team.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Matthew Parker

PRINT or TYPE Name

X Matthew Parker

Signature of business or organization representative

2/27/18 King County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
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6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Claimzen, Inc.		Website www.claimzen.com	
Contact name. Primary applicant and contract manager Chapin Henry		(Area code) Telephone number 2064651352	
Contact name 2 (if applicable)		(Area code) Telephone number	
Physical address of business (number and street) 6303 22nd Ave NE			
City Seattle		State WA	ZIP code 98115
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603-609-853

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Claimzen is a outsourced paralegal service designed to help personal injury attorneys in WA state complete the client intake, due diligence and document retrieval process more efficiently. As part of our service, we would like to be able to acquire vehicle ownership data for vehicles identified in a Police Traffic Collision Report as this information will be required in preparing a case for trial, should the matter proceed to litigation. Our company expects to have multiple attorney customer and will be acquiring vehicle record reports for these attorney as needed on an on going basis.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. The vehicle record reports we acquired will be delivered directly to our attorney customers. In a typical personal injury case, our attorney customer (and in some cases, Claimzen employees) will be contacting the "injured party" as part of the case preparation process. This contact would have occurred with or without the vehicle collision report as they are our attorney customers' clients.

Our attorney customers and Claimzen employees however, will not be contacting the "at-fault" vehicle owner using the information provided in the vehicle record report or any other individual related to the case.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

02-17-18, King County

Date and place (county) signed

Chapin Henry

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
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	Address, City, State, Zip code		Subscriber's permissible use	
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

CLAIMZEN, INC.
6303 22ND AVE NE
SEATTLE, WA 98115

Unified Business ID #: 603609853

Expiration: May-31-2018

Foreign Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

Vehicle/Vessel On-line Access Contract Application-CPS

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Email (quickest)
cps@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above to fill it in
 and save it.

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895

Do not use this form for personal or individual record requests.
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If you currently have a CPS number, enter it here

13a

Company/Agency name Cheney Federal Credit Union		Website Cheneyfcu.com	
Contact name, Primary applicant and contract manager Lynn Mount		(Area code) Telephone number 509-235-6533	
Contact name 2 (if applicable) Angela Newberg		(Area code) Telephone number 509-235-6533	
Physical address of business (number and street) 520 First Street			
City Cheney		State WA	ZIP code 99004
Mailing address of business (if different) PO Box 160			
City Cheney		State WA	ZIP code 99004
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We use this system to check information on titles before using them as collateral for loans.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We would only provide the information to the owner of the vehicle.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

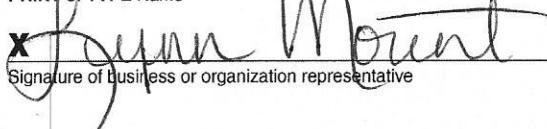
Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Lynn Mount

PRINT or TYPE Name

X Lynn Mount

4/6/2018 Spokane County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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cps@dol.wa.gov

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Adobe Reader XI or above to fill it in
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Department of Licensing
PO Box 2957
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Fax

(360) 570-7895

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If you currently have a CPS number, enter it here _____

13a

Company/Agency name <i>Commonwealth Real Estate Services</i>		Website <i>Cwres.com</i>	
Contact name, Primary applicant and contract manager <i>Jessica Landreth</i>	(Area code) Telephone number <i>425-881-9890</i>	Email (required) <i>Jessica.Landreth@cwres.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>2375 130th Ave NE 8te 102</i>			
City <i>Bellevue, WA 98005</i>	State <i>WA</i>	ZIP code <i>98005</i>	
Mailing address of business (if different) <i>Same as above</i>			
City		State	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>60062554</i>
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>Commonwealth is a Property Management company that does need to confirm correct ownership of mobile manufactured homes in communities we manage for various owners.</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>While we may need to share information with an attorney where the information may be used in a possible eviction, we would for no other reason disclose that kind of information.</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/26/18 King County
Date and place (county) signed

Jessica Landreth
PRINT or TYPE Name
 Jessica Landreth
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code <i>— See Attached —</i>		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Legal Business Name: Commonwealth Real Estate Services, LLC

Contact name: Jessica Landreth

Email: Jessica.Landreth@cwres.com

Phone number: 425-881-9890

Address: 2375 130th Ave NE, Ste 102, Bellevue, WA 98005

Does the subscriber provide information to an attorney or private investigator?
(X) Yes () No

Subscriber's Permissible Use: for business purposes. Our office needs to search for VIN numbers to ascertain that the correct people we have in our records owns the home, or if there are any lien holders or other interested persons in the home. This action is particularly important when we are seeking information for a possible eviction or Landlord Lien Sale, and to determine that a home sold had the title switched over into the appropriate buyers.

Page 3 of 3

Vehicle/Vessel On-line Access Contract Application-CPS

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If you currently have a CPS number, enter it here 13a

Company/Agency name Sound Community Bank		Website soundcb.com	
Contact name. Primary applicant and contract manager Wes Ochs	(Area code) Telephone number 206.436.8587		Email (required) wes.ochs@soundcb.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 2400 3rd Ave, Suite 150			
City Seattle	State WA	ZIP code 98121	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602574844
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Bank, provides loans, uses records to verify vehicle and owner information			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Yes, we may contact the owner if part of a loan application.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Wes Ochs

PRINT or TYPE Name

X 

Signature of business or organization representative

4/17/18, Seattle, King County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
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4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in

and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name DAVID SNYDER PI & ASSOCIATES, INC.		Website WWW.DAVIDSNYDERPI.COM	
Contact name. Primary applicant and contract manager DAVID SNYDER	(Area code) Telephone number 206-355-7029		
Contact name 2 (if applicable)	(Area code) Telephone number		
Physical address of business (number and street) 601 UNION ST, STE 4200			
City SEATTLE	State WA	ZIP code 98101	
Mailing address of business (if different)			
City	State		ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Private Investigator Agency; primary business activities include locating and interviewing witnesses for attorneys practicing in state and federal court. Also service of process. Need vehicle and vessel records for the purpose of identifying/locating witnesses and serving legal documents.			
*NOTE: Need capability to search by party name, in addition to search by plate #. I had this before. Please see attached letter explaining why I need "name search capability". Thank you.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
Yes. I may contact the owner to serve legal documents or to attempt to take the statement in connection with a pending criminal or civil case in state or federal court.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
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By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DAVID SNYDER

PRINT or TYPE Name



X

Signature of business or organization representative

March 8, 2018 - Seattle, WA

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Dear Sir or Madame,

I am writing to ask that the WA Department of Licensing please add name-search-capability to my IVIPS account (account number 13a). I am a WA state licensed private investigator, no. 2945. I have a downtown Seattle office with a small support staff and associate investigators. I have been in business since 2008.

I primarily use IVIPS for the purpose of locating material witnesses in criminal cases who must be interviewed, and in some instances, served with subpoenas in order to compel their testimony at trial. The ability of an investigator such as myself to locate and interview a witness and serve a witness with legal process is a critical element of our criminal (and civil) justice system and is required for it to function in accordance with state and federal laws.

IVIPS is an essential tool used not only by private investigators such as myself, but also by law enforcement, in order to locate witnesses.

If I know that a witness drives a particular vehicle, I can oftentimes locate such a person by running the plate number through IVIPS which will return the vehicle registrant's address.

However, there are many instances in which the vehicle driven by a particular subject is unknown to me, or the plate number is unknown. In such cases, having the ability to search IVIPS by driver name would be incredibly time-saving. Ultimately, I can usually obtain the vehicle information by driving to local courts and inspecting records of traffic infractions. Then once I have ascertained a vehicle and plate number, I can use IVIPS in the form in which it is provided to me currently. However, having the name-search-ability added to my IVIPS account would circumvent this process of driving to courts, which are sometimes significant distances away, to sort through records of traffic infractions. Generally speaking, the added name-search-ability wouldn't do anything for me that I can't already do on my own. It would simply allow me to do it faster and more efficiently.

Additionally, because I do contract investigation work for the King County Office of Public Defense and the Federal Public Defender, having access to a tool that will allow me to work more efficiently could realize a savings for Washington tax payers. I also do regular investigation work for the Innocence Project law clinic at the University of Washington and am paid in those instances with money from federal grants. So, because I bill hourly, and because a significant portion of my fees are paid with public tax revenue, the state of Washington may have an incentive to provide me with a tool that will streamline my work.

Many other benefits can also be had from allowing a criminal investigator to work more quickly and efficiently. Locating or not locating a witness who has something important to say regarding a man's guilt or innocence can oftentimes make all the difference in whether our criminal justice system returns the fair and proper results it was designed to. Consider the numerous and frequent jury verdicts that are overturned on appeal in our state and across the nation because it is shown that defense counsel failed to present testimony from a witness who could have swayed the jury in the other direction. When these cases have to be argued on appeal and retried, it can cost the state millions of dollars.

In closing, I would point out again that my job, essentially, is to locate and interview witnesses. I primarily do this within the context of state and federal criminal prosecutions. Finding and interviewing witnesses is something investigators must be able to do in order for our criminal justice system to function as intended. Having the expanded name-search-ability function added to my IVIPS account would allow me to do my job better, faster, more efficiently, and with a higher success rate, and this in turn will help to realize several benefits for the state of Washington and its citizens.

Thank you very much for your consideration.

Respectfully,

David Snyder
206-355-7029



DAVID SNYDER PI AND ASSOCIATES, INC.
C/O DAVID SNYDER
601 UNION ST STE 4200
SEATTLE WA 98101

5942-1

This is your Washington Legal Entity Registration.
This is not a Washington Business License.

Detach before posting



STATE OF
WASHINGTON

Office of the Secretary of State
Corporations Division

LEGAL ENTITY REGISTRATION

DAVID SNYDER PI AND ASSOCIATES, INC.
601 UNION ST STE 4200
SEATTLE, WA 98101

Unified Business ID #: 602961683

Expiration: Oct-31-2018

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

Secretary of State

STATE OF WASHINGTON
UNARMED PRIVATE INVESTIGATOR
PRINCIPAL

DAVID SNYDER PI AND ASSOCIATES INC
DAVID SNYDER
601 UNION ST STE 4200
SEATTLE WA 98101-4036

2945
License Number

10/31/2018
Expiration Date

Pat Kohler
Pat Kohler, Director

DAVID SNYDER PI AND ASSOCIATES, INC.
601 UNION ST STE 4200
SEATTLE WA 98101-4036

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Corporation

DAVID SNYDER PI AND ASSOCIATES, INC.
601 UNION ST STE 4200
SEATTLE, WA 98101-4036

PRIVATE INVESTIGATIVE AGENCY - ACTIVE

TAX REGISTRATION - ACTIVE

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: SNYDER, DAVID

Unified Business ID #: 602961683
Business ID #: 001
Location: 0001
Expires: Oct 31, 2018

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

UBI: 602961683 001 0001

STATE OF WASHINGTON

DAVID SNYDER PI AND
ASSOCIATES, INC.
601 UNION ST STE 4200
SEATTLE, WA 98101-4036

FOLD HERE

PRIVATE INVESTIGATIVE AGENCY -
ACTIVE
TAX REGISTRATION - ACTIVE

FOLD HERE

Expires: Oct 31, 2018

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name Maghinay Investigations, LLC		Website www.maghinayinvestigations.com	
Contact name, Primary applicant and contract manager Jennifer Maghinay, LPI		(Area code) Telephone number 503-551-0239	
Contact name 2 (if applicable) David Maghinay, LPI		(Area code) Telephone number 503-510-5461	

Physical address of business (number and street)
1124 Satara Ave NW

City Salem		State OR	ZIP code 97304
----------------------	--	--------------------	--------------------------

Mailing address of business (if different)
PO Box 5575

City Salem		State OR	ZIP code 97304
----------------------	--	--------------------	--------------------------

Provide **one** of these identifiers

Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
---	--------------------------------------	--------------------------------------

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

To locate hard to find defendants in civil and criminal cases and to locate vehicles involved in auto accident investigations.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Yes, I work with attorneys and insurance companies involved in civil and/or criminal cases and only provide this information if there is an active case filed in the courts.

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
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Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Maghinay Investigations, LLC	Contact name Jennifer Maghinay	Email jennifer@maghinayinvestigations	(Area code) Phone number 503-551-0239
	Address, City, State, Zip code 1124 Satara Ave NW, Salem, OR 97304		Subscriber's permissible use To locate defendant's in civil & criminal cases filed in Circuit, District or Federal Courts.	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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Submit the following documentation with your application:

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Jennifer Maghinay

PRINT or TYPE Name

X

Signature of business or organization representative

April 16, 2018

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF OREGON
Department of Public Safety Standards and Training
Pursuant to ORS 703.401 – 703.995

Private Investigator



Jennifer Maghinay

PI-ID: 33347



EXPIRES: 3/24/2020



STATE OF OREGON

Department of Public Safety Standards and Training

David M. Maghinay PI-ID# 21809

Private Investigator

Maghinay Investigations
PO Box 5575
Salem, OR 97304

Expiration Date: 4/3/2020

MUST BE POCKETED IN A CONSPICUOUS PLACE NOT HIGHLIGHTED OR ANNOTATED

Printed on recycled paper. This document is a public record. It is the property of the State of Oregon. It may be reproduced in whole or in part at no cost to the requestor.



STATE OF OREGON

Department of Public Safety Standards and Training

Jennifer Maghinay PI-ID# 33347

Private Investigator

Maghinay Investigations
PO Box 5575
Salem, OR 97304

Expiration Date: 3/24/2020



REGISTRY NUMBER

66379794

REGISTRATION DATE

02/12/2010

BUSINESS NAME

MAGHINAY INVESTIGATIONS, LLC

BUSINESS ACTIVITY

PROVIDING INVESTIGATIVE SERVICES, PROCESS SERVICES, CHILD EXTRACTION CASES, MISSING PERSON CASES, OLD MURDER CASE REVIEWS, BACKGROUND CHECKS AND FUGITIVE RECOVERY CASES, FAMILY LAW ISSUES, HARD TO LOCATE WITNESSES, AND LITIGATION ASSISTANCE.

MAILING ADDRESS

PO BOX 5575
SALEM OR 97304 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

1124 SATARA AVE NW
SALEM OR 97304 USA

JURISDICTION

OREGON

REGISTERED AGENT

JENNIFER MAGHINAY

1124 SATARA AVE NW
SALEM OR 97304 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

DAVID M MAGHINAY

PO BOX 5575
SALEM OR 97304 USA

MEMBER

JENNIFER MAGHINAY

1124 SATARA AVE NW
SALEM OR 97304 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

JENNIFER MAGHINAY

TITLE

OWNER

DATE SIGNED

03-09-2018

**Vehicle/Vessel On-line Access
Contract Application-CPS**

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cps@dol.wa.gov

Print and scan or upgrade to

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and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name <i>SHAPIRO + SUTHERLAND, LLC</i>	Website	
Contact name, Primary applicant and contract manager <i>KELLY SUTHERLAND</i>	(Area code) Telephone number <i>360-260-2253</i>	Email (required) <i>ksutherland@logs.com</i>
Contact name 2 (if applicable) <i>CHRIS SPENCE</i>	(Area code) Telephone number <i>360-260-2253</i>	Email (required) <i>cspence@logs.com</i>
Physical address of business (number and street) <i>1499 SE TECH CENTER PLACE SUITE 255</i>		
City <i>VANCOUVER</i>	State <i>WA</i>	ZIP code <i>98683</i>
Mailing address of business (if different) _____		

City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>602512107</i>

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

LAW FIRM. WE RESEARCH VINS ON MOBILE HOMES, FOR OUR CLIENTS AS THESE MOBILE HOMES ARE USED AS COLLATERAL ON RESIDENTIAL DEED OF TRUSTS & MORTGAGES.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

n/a

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

2/25/2018 Clark

Date and place (county) signed

Kathy D Sutherland
PRINT or TYPE Name
 Kathy White
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Redaction Log

Reason	Page (# of occurrences)	Description
13a	5 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
	11 (1)	
	13 (1)	
	15 (1)	
	18 (1)	
	26 (1)	
	30 (1)	
	49 (1)	
	56 (1)	
	64 (1)	
	81 (1)	
	91 (1)	
	93 (1)	
	97 (1)	
	103 (1)	
	107 (1)	
6a	59 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.
6d	5 (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.
	8 (1)	
	11 (1)	
	13 (1)	
	18 (2)	
	45 (1)	
	49 (1)	
	51 (1)	
	53 (1)	
	55 (1)	
	56 (1)	
	61 (1)	
	64 (1)	
	77 (1)	
	84 (1)	
	91 (1)	

Reason	Page⁽¹⁾ (# of Occurrences)	Description
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